

Special Report

Exhibit 1:

Plaintiff's Medical Records

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES**

TO BE COMPLETED BY OFFENDERFacility: CCFDate: Jan/11/19
~~12/24/18~~Offender Name Kentrell Williams DOC # 684810 Unit ED 113

I request the following service(s): (Check appropriate box(s))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: Can I please have my blood checked for any bacteria. I was told by
the doctor at Lawton that I had Hi-Poloni and I was given Antibiotic's. I have been having
Pains in my Stomach again. So I figured that I wasn't cured of the bacteria, or it is something
else. So can you please do an evaluation and get my blood checked to see if there is anything wrong
(Continued Medical Issue)

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Offender Signature Kentrell WilliamsDate: ~~12/18/18~~ Jan/4/19**TO BE COMPLETED BY HEALTH SERVICES**

Date Received

Initials

Comment: Scheduled sick call

J. Mayhew CPO
Qualified Health Care Professional

JAN 03 2019

Date

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expire or run out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: CCA Formulary Group Number:

WILLIAMS, KENTRELLOK DoC Offender ID **689810**

Cimarron Correctional Facility

Abominal pain - 01/09/19 01:35 PM**SUBJECTIVE DATA:****Allergies:**

<i>Allergen</i>	<i>Severity</i>	<i>Reactions</i>	<i>First Incidence</i>	<i>Certainty</i>	<i>Documented</i>
No Known Drug Allergies					02/05/2014
No Known Environmental Allergies					02/05/2014
No Known Food Allergies					02/05/2014

Chief Complaint:

Intermittent abdominal pain x 2 years

Subjective Data:

HPI: I/M presents for complaints if intermittent mid-abdominal pain. States pain can last anywhere from 30 minutes to an hour. Lying down to rest helps, but it will come back in a day or two. Describes as "Sharp" pain. "Not as worse as it was at first, but I still feel it". Tells me he was put on antibiotics 2 years ago for some type of infections in his stomach, and thinks it is the same thing again. Sometimes when I eat the pain goes away.

"I really think it is this food"

Denies anorexia, nausea, vomiting, diarrhea, constipation, melena, hematochezia, fever, or chills.

no past surgeries.

OBJECTIVE DATA:**Vitals:**

Measurement	01/09/19 01:44 PM	01/09/19 01:35 PM
Height		68
Weight (lbs)		171.0
Temperature (F)		96.7
Respirations (BPM)		18
SBP (sitting)	147 R	
DBP (sitting)	101	

Procedures:

<i>Procedure</i>	<i>Code</i>	<i>Source</i>	<i>Date/Time</i>	<i>Notes</i>
Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	99211 CPT		01/09/19 01:46 PM	

Physical Findings:

General: This is a 25 y/o African American male in NAD. Not currently having abdominal pain today.

HEENT: MM moist and pink. Oropharynx without erythema, lesions, or plaques. Neck supple.

Lymph: No palpable cervical or groin lymphadenopathy.

Chest: Respirations even and unlabored. Clear vesicular breath sounds throughout.

Cardiac: RRR. Distinct S1, S2.

Abdomen: Soft and round. Non-distended. Abdomen NTTP without masses, rebound, or guarding. Active BS x4. No palpable hepatomegaly or splenomegaly.

Skin: Warm and dry with elastic turgor. Skin tone tan and normal for race.

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: CCA Formulary Group Number:

WILLIAMS, KENTRELLOK DoC Offender ID **689810**

Cimarron Correctional Facility

ASSESSMENT:*Assessment/Diagnosis:**Impression/ Plan:*

1. Generalized mid abdominal pain- not present currently
 Possible H. pylori
 Pain better after eating or rest. Similar to previous symptoms.
 Declined Prilosec or Zantac at this time.
 Calcium Antacid chews 500mg TID PRN
 Stool for H. pylori
 CBC/CMP
 Stay hydrated. Avoid trigger foods.

F/U in 2 weeks after labs are back
 RTM for significant changes
 NSC as needed

I/M verbalized understanding

PLAN:**Medications:**

Medication	Start Date	End Date
Calcium Antacid 500 mg tablet, chewable oral (PRN: indigestion)	01/09/2019	01/22/2019
1 tablet(s) Three times daily for 14 Days		

Orders:

Type	Order	Date	Status
Text	Labs	01/09/19 02:28 PM	Active
Text	F/U in 2 weeks	01/09/19 02:27 PM	Active

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: MEDICAL PROGRESS NOTE - SOAP
Date/Time of Service: 01/09/19 01:35 PM
Location of Service: Cimarron Correctional Facility
Provider: Karen Rackley, APRN-CNP Authorizing Provider: Karen Rackley, APRN-CNP

Signed Electronically by Karen Rackley, APRN-CNP on 01/09/19 02:29 PM

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: CCA Formulary Group Number:

WILLIAMS, KENTRELL

OK DoC Offender ID

Cimarron Correctional Facility

F/U abdominal pain - 01/16/19 02:50 PM**SUBJECTIVE DATA:****Allergies:**

<i>Allergen</i>	<i>Severity</i>	<i>Reactions</i>	<i>First Incidence</i>	<i>Certainty</i>	<i>Documented</i>
No Known Drug Allergies					02/05/2014
No Known Environmental Allergies					02/05/2014
No Known Food Allergies					02/05/2014

Chief Complaint:

Still having intermittent adnominal discomfort

Subjective Data:

HPI: F/U abdominal pain/pressure sensation-still having periods of pain, still better after having food on stomach.
Denies fever, chills, diarrhea, constipation.

OBJECTIVE DATA:**Vitals:**

Measurement	01/16/19 02:52 PM
Height	5'8
Weight (lbs)	172.0
Temperature (F)	96.9
Pulse Sitting (BPM)	63
Respirations (BPM)	18
PulseOx - Room Air (%)	95.0
SBP (sitting)	149
DBP (sitting)	99

Procedures:

<i>Procedure</i>	<i>Code</i>	<i>Source</i>	<i>Date/Time</i>	<i>Notes</i>
Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	99211	CPT	01/16/19 02:58 PM	

Laboratory Findings:

Discussed most recent lab finding with I/M including positive for H. Pylori

Physical Findings:

General: This is a 25 year old African American male, WNWD. In no acute distress with appropriate behavior.

HEENT: MM moist and pink. Oropharynx without erythema, lesions, or plaques.

Chest: Respirations even and unlabored. CTA throughout.

Cardiac: RRR. Distinct S1, S2.

Abdomen: Soft and rounded. Non-distended. NTTP. Active BS x4.

Skin: Warm and dry. Skin tone brown and normal for exam.

ASSESSMENT:**Problems:**

<i>Problem</i>	<i>Code</i>	<i>Source</i>	<i>Status</i>	<i>Begin</i>	<i>Resolved</i>	<i>Notes</i>
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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: CCA Formulary Group Number:

WILLIAMS, KENTRELLOK DoC Offender ID **689810**

Cimarron Correctional Facility

HELICOBACTER PYLORI 041.86 ICD-9 Suspected 01/16/2019

Assessment/Diagnosis:

Impression/ Plan:

1. H. pylori infection

Likely cause of abdominal pain/pressure

Pink bismuth 262mg tablets; 2 tablets QID and

Doxycycline 100mg PO BID and

Flagyl 500mg PO TID and

Prilosec 20mg PO BID ...all 4 medications for 14 days.

Educated on medication side effects.

RTM for condition changes

NSC as needed

F/U one month

I/M verbalized understanding

PLAN:**Medications:**

<i>Medication</i>	<i>Start Date</i>	<i>End Date</i>
Doxycycline Hyclatehyclate 100 mg capsule oral 1 capsule(s) Twice daily for 14 Days Notes: 4 drug regimen for H. Pylori-start all on the same day	01/16/2019	01/29/2019
Flagyl500 mg tablet oral 1 tablet(s) Three times daily for 14 Days	01/16/2019	01/29/2019
Pink Bismuth262 mg tablet, chewable oral 2 tablet(s) Four times daily for 14 Days	01/16/2019	01/29/2019
Prilosec20 mg enteric coated capsule oral 1 capsule(s) Twice daily for 14 Days	01/16/2019	01/29/2019

Orders:

<i>Type</i>	<i>Order</i>	<i>Date</i>	<i>Status</i>
Text	F/U 1 month	01/16/19 03:16 PM	Active

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)*Encounter:* MEDICAL PROGRESS NOTE - SOAP*Date/Time of Service:* 01/16/19 02:50 PM*Location of Service:* Cimarron Correctional Facility*Provider:* Karen Rackley, APRN-CNP Authorizing Provider:Karen Rackley, APRN-CNP*Problems:* HELICOBACTER PYLORI (041.86)*Medications:* Pink Bismuth [bismuth subsalicylate] 262 mg tablet, chewable oral
Prilosec [omeprazole] 20 mg enteric coated capsule oral

Signed Electronically by Karen Rackley, APRN-CNP on 01/16/19 03:17 PM

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**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES**

TO BE COMPLETED BY OFFENDER

Facility: CCADate: Jan 8, 2019Offender Name Rashawn McKinley DOC # 746024 Unit ED/113

I request the following service(s): (Check appropriate box(es))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: My Stomach has been hurting real bad from
the water I've been drinking

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Offender Signature R McKinley Date: Jan 8, 2019

TO BE COMPLETED BY HEALTH SERVICES

JAN 10 2019
Date ReceivedInitials
RComment: Scheduled sick call

J. Mayhew
Qualified Health Care Professional

JAN 10 2019

Date

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expire or run out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: CCA Formulary Group Number:

MCKINLEY, RASHAWNOK DoC Offender ID **746024**

Cimarron Correctional Facility

ABDOMINAL PAIN /CONSTIPATION / DIARRHEA - 01/11/19 01:49 PM**SUBJECTIVE DATA:***Chief Complaint:* abdominal pain*Onset:* New;*When:* Jan 1 st*History:* Last bowel movement;;*Timeframe:* 2 days ago*Color/consistency:* soft brown*Associated Symptoms:* Nausea;**OBJECTIVE DATA:****Vitals:**

Measurement	01/11/19 01:37 PM
Weight (lbs)	185.0
Temperature (F)	98.0
Respirations (BPM)	16
PulseOx - Room Air (%)	98.0
SBP (sitting)	112
DBP (sitting)	78

Abdomen: Soft;*Bowel sounds:* Normal;*Turgor:* Normal;**MEDICAL PROVIDER NOTIFICATION:****EMERGENCY NOTIFICATION:****PLAN:***Routine Nursing Interventions Provided/Performed:*ABDOMINAL PAIN**PROGRESS NOTE:***Progress Note:* o pain with palpation**CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)***Encounter:* ABDOMINAL PAIN /CONSTIPATION / DIARRHEA*Date/Time of Service:* 01/11/19 01:49 PM*Location of Service:* Cimarron Correctional Facility*Provider:* Deena Swart, LPN Authorizing Provider:Deena Swart, LPN*Procedures:* Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)

Signed Electronically by Deena Swart, LPN on 01/11/19 01:56 PM

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